

Accident / Incident Investigation Report

Dept. I Division Vehicle
Exact Location On Employer's Premises? Yes ☐ No ☐
Date of Occurrence Time AM ☐ PM ☐
Date Reported

Personal Injury or Illness:

Property Damage:

Name Property Damaged
Occupation Estimated Costs
Part of Body Affected Actual Costs
Nature of Injury or Illness Nature of Damage
Object/Equipment/Substance Inflicting Injury or Illness: Object/Equipment/Substance inflicting damage:

DESCRIPTION

Describe Clearly What Happened, Including Events Leading Up to Accident/Incident:

Did Injured Leave Work? Yes ☐ No ☐ Date Time AM ☐ PM ☐
Did Injured Go to the Doctor? Yes ☐ No ☐ To Hospital? Yes ☐ No ☐
Name of Physician or Hospital
Expected Date of Return to Work I

ANALYSIS

Causes. Describe Unsafe Acts, Conditions or Other Factors That **May** Have Contributed to the Accident/ Incident:.

For Materials Handling Accidents Complete Additional Information on Reverse Side

Loss Severity Potential High (Major) ☐ Medium (Serious) ☐ Low (Minor) ☐
Probable Recurrence Rate High (Frequent) ☐ Medium (Occasional) ☐ Low (Rare) ☐

PREVENTION:

What Action Has or Will Be Taken to Prevent Recurrence? (List)

Supervisor's Electronic Signature: Date:

Material Handling Analysis

1. What was being handled:
2. How much did it weigh?
3. Distance of lift/lower?
4. Did the employee slip while lifting? Yes ☐ No ☐
5. Where there any abnormal working conditions at the location of the accident (wet floors, material on floors, etc.)?
6. Was the material handled in the standard way?
7. How often is this job done?
8. Has the employee had previous material handling accidents? Yes ☐ No ☐
Explain:
9. Was accident reported immediately? Yes ☐ No ☐
If not, why?
10. Who was employee working with at time of accident?

Automobile Seat Belts

Installed in Vehicle (Check One)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Used at Time of Accident (Check One)	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Helpful in Minimizing Injuries Including Passengers (Check One) Yes ☐ No ☐

Explain:

Provide a detailed description of the direction, and position(s) of property or automobiles involved, designating clearly at the point of contact. Indicate points of compass North, South, East, and West. Give Street Names, and locations of objects and pedestrians.